

**2022 Bulletin for
Subspecialty Certification
in
*Female Pelvic Medicine and
Reconstructive Surgery***



**Due to COVID-19, modifications have been made to
the information contained in this Bulletin.**

This Bulletin, issued in March of 2021, represents the official statement of the requirements for subspecialty certification for gynecologists in Female Pelvic Medicine and Reconstructive Surgery (FPMRS) for the 2022 examinations. It applies only to those gynecologists who have completed an ACGME-approved 3-year fellowship. Urologists applying for subspecialty certification in FPMRS should contact the American Board of Urology.

Revised February 24, 2022

GENDER LANGUAGE DISCLAIMER

The American Board of Obstetrics and Gynecology (ABOG) recognizes that patients have diverse gender identities and is striving to use gender-inclusive language in its publications, literature, and other printed and digital materials. In some instances, ABOG uses the word “woman” (and the pronouns “she” and “her”) to describe patients or individuals whose sex assigned at birth was female, whether they identify as female, male, or non-binary. As gender language continues to evolve in the scientific and medical communities, ABOG will periodically reassess this usage and will make appropriate adjustments as necessary. When describing or referencing study populations used in research, ABOG will use the gender terminology reported by the study investigators.

IMPORTANT INFORMATION FOR ALL CANDIDATES

1. The American Board of Obstetrics and Gynecology understands that during the COVID-19 pandemic it may be difficult for candidates to complete the tasks related to the application process for the 2022 FPMRS Certifying Examination. Normally, the application fee is not refundable. If a candidate is unable to take the Certifying Examination due to reasons associated with COVID-19, all fees for the Certifying Examination can either be applied to the 2023 examination or refunded. Also, the application deadline has been extended by one month to allow candidates more time to complete the application process.
2. Beginning in calendar year 2020, all physicians who have completed an ACGME fellowship in Female Pelvic Medicine and Reconstructive Surgery must achieve ABOG subspecialty certification within 8 years of completion of their training. If certification is not achieved within 8 years, the physician will no longer be eligible to apply for either the Qualifying or Certifying Subspecialty Examination unless an additional 6 months of subspecialty supervised practice is completed. Physicians who have completed subspecialty training in calendar year 2014 must be subspecialty certified by 2022 or will be required to complete an additional 6 months of supervised practice before regaining eligibility to apply for certification.
3. The submission process for the thesis and thesis affidavit for the Certifying Examination has changed. Candidates will no longer submit paper copies. All theses will be submitted in PDF format and uploaded in the candidate’s ABOG Portal.
4. Fellows may take up to 12 weeks off each of the fellowship years. The total time off may not exceed 20 weeks over the three years. Please see the ABOG Fellowship Leave Policy at <https://www.abog.org/about-abog/policies/fellowship-leave-policy> for details.
5. All fees must be paid by credit card through the ABOG website (www.abog.org) and are payable in US Dollars only.
6. Subspecialty certification is time-limited. Each subspecialty Diplomate must enter the subspecialty Maintenance of Certification (MOC) program in January following successful certification and must also successfully complete each year’s MOC assignments to maintain certification.
7. Candidates should be familiar with the material in the “Policies” section found under “About ABOG” on the ABOG website.
8. The process of certification in FPMRS is voluntary. ABOG will not contact potential candidates. Each potential candidate for subspecialty certification is responsible for

completing the application online at www.abog.org, for submitting all materials to ABOG at the time they are requested, and meeting all deadlines. ABOG will make the final decision concerning the applicant's eligibility for admission to the examination. Candidates must meet the requirements published in the FPMRS Subspecialty Bulletin for the year in which they are to take an examination.

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THE DIVISION OF FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY (FPMRS)

The members of the Division of Female Pelvic Medicine and Reconstructive Surgery are listed in [Appendix A](#).

QUALIFYING (WRITTEN) EXAMINATION

2022 Qualifying Examination Application Process

1. Applications will be accepted online at www.abog.org beginning September 17, 2021. Late fees will apply for applications received after October 18, 2021. The final day applications will be accepted is December 17, 2021.
2. The total fee (application and examination) must be paid by credit card through the ABOG website at the time of application. If an applicant is found to be ineligible to take the examination, the examination portion of the fee will be refunded. The application portion of the fee is not refundable.
3. The applicant must supply ABOG with an email address as part of the application process and notify ABOG of any change in this email address.
4. Following submission of the online application form and payment of the appropriate fee, the candidate's application will be considered in accordance with the requirements in effect for that year (see below). The candidate will be notified of admissibility to the Qualifying Examination.
5. After the approval email from ABOG is received, the candidate must contact Pearson VUE to obtain a seat for the examination. Candidates are urged to obtain a seat as soon as possible after notification of eligibility to avoid long-distance travel to a site with an available seat. On April 26, 2022, the ABOG reserved seats held at the Pearson VUE centers will be released. After that date it will be harder for candidates to reserve a seat at their preferred site. Seats in individual cities are limited, and are assigned on a first-come, first-served basis. ABOG will not refund any portion of the test fee if a candidate is not able to reserve a seat at their preferred testing center.
6. If special accommodations are needed for a disability, those requests must be received no later than the close of the application period. (See [Appendix B](#) for more information about accommodations for disabilities.)
7. Candidates who are lactating may request a 30-minute break and extension of their examination if they notify the ABOG office no later than December 17, 2021, and schedule at a Pearson VUE Testing Center by the same date. Pearson VUE Centers have limited lactation facilities which are scheduled on a first-come, first-served basis. **If a candidate requests extra time for lactation, they will have to schedule their testing site through the Pearson VUE accommodations department after contacting ABOG. If no seat is available at the closest center, and they have requested extra time, they will have to travel to an available location to sit for the examination.** (See [Appendix C](#) for more information on lactation accommodations.)
8. The Qualifying Examination will be given on July 25, 2022.

2022 Qualifying Examination Deadlines and Fees

The following table lists the deadlines and fees for the Qualifying Examination. Deadlines cannot be extended. All applications and fees must be submitted prior to midnight Central time on their due date. The system will prevent submission once the deadline has passed. If you fail to submit by the deadline, please email the Exam Department at Exams@abog.org.

After approval, if the candidate experiences an event that prevents sitting for the examination, the Board should be notified immediately. If the review committee agrees that the request is due to circumstances beyond the control of the candidate, the examination portion of the fee (\$870) may be refunded. However, the application fee is not refundable. The candidate may request to have the fees applied towards the Qualifying Examination the following year. If there is a change in the fee, the candidate will be responsible for the difference.

Qualifying Examination: Deadlines

September 17, 2021	Applications available online
October 18, 2021	Last day to apply without late fee penalty
December 17, 2021	Final deadline
September 2021 to February 2022	Candidates will be notified of approval to take the examination and to make a Pearson VUE Testing Center reservation
April 26, 2022	Last day to reserve seat at Pearson VUE prior to seat block release
July 25, 2022	Qualifying Examination at testing centers

Qualifying Examination: Fees

September 17, 2021 to October 18, 2021	\$2045
October 19, 2021 to November 18, 2021	\$2045 + \$320 late fee = \$2365
November 19, 2021 to December 17, 2021	\$2045 + \$815 late fee = \$2860

2022 Qualifying Examination Requirements

Each of the following is a requirement for a candidate in FPMRS to sit for the subspecialty Qualifying Examination. The candidate must meet all of the requirements in effect during the year for which admission to the Qualifying Examination is requested.

1. **Specialty Qualifying Examination** A candidate may not apply for the FPMRS Qualifying Examination unless they have previously passed the Specialty Qualifying Examination for Certification in Obstetrics and Gynecology.
2. **Length of Training** The candidate must have been registered with ABOG and have completed a minimum of 32 of 36 months of training and will have completed training in an ACGME-accredited fellowship program in FPMRS no later than September 30 of the same year the Qualifying Examination is taken. Additionally, the candidate must have completed and presented their thesis to their Program Director and division before the completion of their fellowship. If a candidate's situation changes, and they do not successfully complete their fellowship and their thesis presentation by September 30, they will not be eligible to take the Qualifying Examination in that year. Any candidate who takes the Qualifying Exam without successfully completing fellowship and completing and presenting their thesis by September 30 of the year of the examination will have their results voided and they will not receive a refund.
3. **Allocation of Time** In order to take the Qualifying Examination the candidate must have had the following experiences during fellowship:
 - a. 24 months of clinical Female Pelvic Medicine and Reconstructive Surgery
 - b. 12 months of protected research
 - i. Conducted research leading to a thesis that meets ABOG certification requirements ([Appendix D](#))
 - ii. Completed written thesis and presented work before FPMRS Division and Program Director by completion of fellowship
 - iii. Research blocks must be no less than one-month duration, and while in a research block, no more than 10% (4 hours) of the fellow's time in any week may be spent in clinical duties
 - c. Fellows may participate in non-subspecialty clinical activity or practice up to 10% of a work week (Monday-Friday) or ½ day (4 hours) per work week averaged over a 4-week period during all rotations.
 - i. These allowances do not apply to moonlighting, weekends, or call.
 - ii. Fellows may not be assigned to weeks, months or blocks of clinical assignments or rotations to meet this allowance.
 - iii. Fellows may not be assigned to night float rotations to meet this allowance.
 - iv. Fellows may not aggregate this allowance to complete training early or make up extensions in training for any reason.
4. **Curriculum** The candidate must gain a diverse experience in the management of a wide variety of clinical problems affecting the development, function, and aging of the female reproductive and urinary tract. Additionally, the candidate must have experience in the management of anal incontinence.

The candidate must have experience in medical disorders, surgical techniques, and office procedures to be able to manage complex pelvic floor and urinary conditions.

5. **Leaves of Absence** Leaves of absence and vacation may be granted at the discretion of the Program Director consistent with local institutional policy and applicable laws. The number of days that equals a “week” is a local issue that is determined by the institution and Program Director, not ABOG. Vacation weeks may be taken as part of approved leave or in addition to approved leave.

Yearly leave: The total of vacation and leaves for any reason—including, but not limited to, vacation, medical, maternity or paternal, caregiver, or personal leave—may not exceed 12 weeks in any of the years of fellowship. If the maximum weeks of leave per academic year are exceeded, the fellowship must be extended for the duration of time the individual was absent in excess of 12 weeks in any fellowship year.

Total leave: In addition to the yearly leave limits, a fellow must not take a total of more than 20 weeks (five months) of leave over the three years of fellowship.

If this limit is exceeded, the fellowship must be extended for at least the duration of time that the individual was absent in excess of 20 weeks. Such extensions of training must have an educational plan outlined for the continued training with specific educational and clinical experience goals and objectives to be achieved. This educational plan must include a description of what training was missed, how the missed training is being attained, and a block diagram that covers the entire length of training. This plan must be submitted to ABOG for approval at fellowship@abog.org.

Unaccrued personal time may not be used to reduce the actual time spent in a fellowship, nor to “make up” for time lost due to medical or other leave. Time missed for educational conferences does not count toward the leave thresholds.

For more information on leave please review the ABOG Fellowship Leave Policy at <https://www.abog.org/about-abog/policies/fellowship-leave-policy>.

Examples:

A fellow takes six weeks of leave in F1 and F2, and eight weeks in F3. This is a total of 20 weeks. There is no required extension of the fellowship.

A fellow takes 12 weeks of leave in F1, 4 weeks in F2, 12 weeks in F3. This is a total of 28 weeks. The fellowship must be extended by at least eight weeks with an educational plan submitted and approved by ABOG.

6. **Moral and Ethical Behavior** The candidate must have demonstrated good moral and ethical behavior in the practice of medicine, and in interactions with peers, other medical personnel, and patients. A felony conviction, even if unrelated to the practice of medicine, will be considered evidence of failure to meet this standard.
7. **Falsification of Information** Falsification of any information or failure to disclose any adverse action will result in a deferral of a candidate’s eligibility to sit for the Qualifying Examination for a period of at least 3 years. If the candidate is allowed to sit for the examination at the end of the deferral period, the candidate must meet all requirements in effect at that time.
8. **Completion and Presentation of Thesis** The candidate must have completed and presented their thesis to their Program Director and division by the final date of their fellowship. If their fellowship is extended, the candidate will have until the extended final date of their fellowship to complete and present their thesis. A candidate’s fellowship that is

extended beyond September 30th of the year of the Qualifying Examination is not eligible to take the Qualifying Examination in that year.

Blueprint for the Qualifying Examination

The content of the Qualifying Examination will be based on the blueprint for Female Pelvic Medicine and Reconstructive Surgery. The major categories and subcategories are shown below including the percentages of the categories. For a full list of topic areas, see [Appendix E](#). The questions will be in a multiple-choice, one best answer format.

Urinary Incontinence and Lower Urinary Tract Symptoms: Frequency, Urgency, Nocturia, and Bladder Pain (21%)

- Diagnosis and Exam

- Counseling on Efficacy, Risks, and Benefits of Non-Surgical Treatments

- Non-Surgical Treatments

- Post-Procedural Management of Non-Surgical Treatments

- Counseling on Efficacy, Risks, and Benefits of Surgical Treatments

- Surgical Treatments

Lower Urinary Tract Injury (8%)

- Diagnosis of Bladder Injury

- Treatment of Bladder Injury

- Diagnosis of Ureteral Injury

- Treatment of Ureteral Injury

- Diagnosis of Urethral Injury

- Treatment of Urethral Injury

Pelvic Organ Prolapse (18%)

- Diagnosis and Exam

- Non-Surgical Treatments

- Counseling on Efficacy, Risks, and Benefits of Surgical Treatments

- Surgical Treatments

- Complications of Surgical Treatments

- Augmentation of Surgical Materials

Fecal Incontinence and Defecation Disorders (9%)

- Diagnosis and Exam

- Counseling on Efficacy, Risks, and Benefits of Non-Surgical Treatments

- Non-Surgical Treatments

- Post-Procedural Management of Non-Surgical Treatments

Surgical Treatments

Congenital Anomalies of the Urogenital Tract 7(%)

Diagnosis and Exam

Non-Surgical Treatments

Counseling on Timing, Efficacy, Risks, and Benefits of Neovagina Surgical Procedures

Neovagina Surgical Procedures

Complications or Adverse Effects of Neovagina Surgical Procedures

Urethral Mass (3%)

Diagnosis and Exam for Urethral Mass

Counseling on Efficacy, Risks, and Benefits on Treatment Options for Urethral Mass

Treatment Options for Urethral Mass

Urinary Tract Infection (UTI) and Hematuria (8%)

Urinary Tract Infection (UTI)

Hematuria

Application of Anatomy to Patient Care (8%)

General Perioperative Management (13%)

Core Competencies and Cross Content (5%)

Ethics and Professionalism

Patient Safety

Interpersonal and Communication Skills

Systems-based Practice

Practice-based Learning and Improvement

Evidence-based Medicine

Administration of the Qualifying Examination

The Qualifying Examination is scheduled to last approximately 3 hours and 45 minutes. Candidates who finish before the full time has elapsed may leave early, but if they do so, may not return. Candidates will receive information after registering on the [Pearson VUE Testing Center](#) website concerning the location of their examination, as well as the time they must arrive.

Each candidate must present 2 forms of identification to be admitted to the examination. One document must include both a photograph of the candidate and the candidate's signature. The second document must include the candidate's signature. If a candidate has had a name change between application and the day of the exam, they must bring a copy of an official document that verifies the name change. Examples could include, but are not limited to a marriage certificate, divorce decree, or a court-ordered name change.

Candidates may not take any electronic devices into the examination area and must also submit to a screening process that may include any or all of the following: fingerprinting, palm vein scanning, wand or walkthrough scanning for metallic objects, or any other screening that may be in place at the Pearson VUE center. A candidate who refuses to submit to any screening procedure will not be allowed to sit for the examination, and no portion of the fee will be refunded.

Candidates are not allowed to access recording devices, cellular phones, paging devices, smart watches, other electronic communication and/or recording devices, and writing instruments during the Qualifying Examination. If such a device is discovered on the candidate's person at any time during the examination, or if the candidate accesses any such device for any reason, the candidate will not receive a grade for any portion of the examination, and all fees will be forfeit.

There is no scheduled break during the examination. Candidates may take unscheduled breaks to use the restroom facilities. Unscheduled breaks should not exceed 10 minutes in length. During such breaks, a candidate may not talk with any other individual or access any electronic device. Candidates are not allowed to leave the testing center for any reason before completing the test. If a candidate violates any of these regulations, the candidate will not receive a grade for any portion of the examination, and all fees will be forfeit.

Candidates with documented disabilities should review [Appendix B](#) and must call the ABOG office before making a reservation at Pearson VUE for information on how to schedule a test site.

Candidates who are lactating may request a 30-minute break and extension of their examination if they notify the ABOG office no later than December 17, 2021, and schedule at a Pearson VUE Testing Center by the same date. Pearson VUE Centers have limited lactation facilities which are scheduled on a first-come, first-served basis. **If a candidate requests extra time for lactation, they will have to schedule their testing site through the Pearson VUE accommodations department after contacting ABOG. If no seat is available at the closest center, and they have requested extra time, they will have to travel to an available location to sit for the examination.** (See [Appendix C](#) for more information on lactation accommodations.)

Test Security

At the time of application for the Qualifying Examination, each candidate will be required to agree to the following. No candidate will be allowed to sit for the Qualifying Examination unless they agree to these terms:

1. I understand that all ABOG test materials are copyrighted and that it is illegal to disclose the content of the examination in whole or in part to any individual, organization, or business. Furthermore, I understand that if I provide the information to any such entity, I may be prosecuted under the US Copyright laws.
2. I understand that if I divulge the content of the Qualifying Examination in whole or in part to any individual, organization, or business, my test result, if any, will be negated and I will not be allowed to re-apply for the Qualifying Examination for a minimum of three (3) years.
3. I understand that I may not record any portion of the Qualifying Examination by any means in whole or in part, and a violation will be treated as outlined in numbers 1 and 2 above.

4. I understand that I may not memorize or attempt to memorize any portion of the Qualifying Examination for the purpose of transmitting such material to any individual, organization, or business.
5. I agree that de-identified results of my examination may be used for research purposes by ABOG.
6. I agree that the results of my examination will be given to my Fellowship Program Director.

Additional information about test integrity and security can be found in the “Policies” section under “About ABOG” on the ABOG website.

Re-Application

A candidate who postpones or fails the Qualifying Examination must complete a new online application to be considered for the next scheduled Qualifying Examination. Each new application must be accompanied by a new application fee.

Applicants Ruled Not Admissible

If a decision is made by ABOG that a candidate has not met the requirements for admission to the Qualifying Examination, the candidate may appeal the decision by writing to the ABOG Associate Executive Director of Examinations. Such appeals will be forwarded to the appropriate ABOG Committee for reconsideration. If the appeal is successful, no late fees will apply. If the successful decision occurs after the date of the Qualifying Examination, the candidate will be scheduled for the next available Qualifying Examination in the subspecialty, and no additional application fee will apply. However, the examination portion of the fee (\$870) must be paid before the deadline.

If the candidate’s appeal is not successful or the candidate does not appeal the inadmissibility decision, the candidate may reapply by submitting a new application, paying the appropriate fee, and meeting the requirements applicable at the time of the re-application. Documentation that the cause for the initial disapproval has been cleared must be submitted with the application.

Limitation of Eligibility

Beginning in calendar year 2020, all physicians who have completed an ACGME-accredited fellowship in Female Pelvic Medicine and Reconstructive Surgery must achieve ABOG subspecialty certification within 8 years of completion of their training. If certification is not achieved within 8 years, the physician no longer will be eligible to apply for either the Qualifying or Certifying Subspecialty Examination unless an additional 6 months of supervised practice is completed (see policy on Regaining Eligibility for Subspecialty Certification at www.abog.org/about-abog/policies/regaining-subspecialty-certification-eligibility).

This means that physicians who have completed subspecialty training in calendar year 2014 must be subspecialty certified by 2022 or will be required to complete 6 months of supervised practice before regaining eligibility to apply for certification.

If a physician fails to achieve subspecialty certification within 8 years of completion of an accredited Female Pelvic Medicine and Reconstructive Surgery fellowship program and successfully completes an additional 6 months of supervised practice, they must achieve

subspecialty certification within 4 years of the completion of the additional supervised practice. If a physician is unable to achieve certification within 4 years, they must complete a full three-year ACGME-approved fellowship in Female Pelvic Medicine and Reconstructive Surgery in order to be eligible for certification.

Results of the Examination

The results of the Qualifying Examination will be reported online to each candidate by October 28, 2022. In order to release a result, ABOG must receive the Fellowship Training Affidavit verifying completion of training completed by the current Program Director. Additionally, if ABOG does not receive notification of fellowship completion from the Program Director by January 1, 2023, the results of the examination will be voided.

ABOG will provide the candidate their scaled test score in addition to the result of “pass” or “fail.” Each candidate, regardless of whether they pass or fail, will be provided with the percent scored in each of the major topic areas. The cut-point for passing the Qualifying Examination is determined each year after psychometric evaluation of the results.

As part of the application process, the applicant will be required to irrevocably agree that the results of the applicant’s examination may be made available to the Program Director(s) of any fellowship program(s) in which the applicant may have participated or in which the applicant is currently involved, and/or the American Council of Graduate Medical Education (ACGME) for any and all purposes. The candidate will also be given the opportunity to release their scaled score on the examination to their current program director. Furthermore, the applicant will be required to release and agree to indemnify and hold the ABOG and its officers, directors, and employees harmless of and from any and all claims the applicant may have with regard to the effect or impact upon the applicant of the release of the applicant’s examination results to the applicant’s Program Director or the ACGME and waive any rights the applicant may have, if any, to have the examination results maintained in confidence.

Furthermore, the applicant will be required to release and agree to indemnify and hold ABOG and its officers, directors, and employees harmless of and from any and all claims the applicant may have with regard to the effect or impact upon the applicant of the release of the applicant’s examination results to the applicant’s Program Director(s) or the ACGME and waive any rights the applicant may have, if any, to have the examination results maintained in confidence.

Candidates will have 14 days to request a rescore of their examination. Requests submitted after 5:00 pm CST on November 11, 2022, will not be granted. Candidates who wish to request a rescore must email exams@abog.org to request the task be added to their ABOG portal. Rescores are subject to a \$250 fee. There is no record of a discrepancy ever being detected, and ABOG encourages candidates to consider this before submitting a rescore request and paying the fee. ABOG utilizes many quality control procedures to ensure exams are scored accurately.

Rescores are limited to verifying that the scored responses were made by the candidate and that the process correctly transformed the candidate’s responses into a scaled score. The rescore is not a review of exam content, reconsideration of a correct response, reconsideration of the passing standard, or consideration of the acceptability of testing conditions.

A passing grade on the Qualifying Examination does not ensure a candidate’s admissibility to the Certifying Examination.

CERTIFYING (ORAL) EXAMINATION

2022 Certifying Examination Application Process

1. Applications will be accepted online at www.abog.org beginning May 3, 2021. Late fees will apply for applications received after July 6, 2021.
2. The final day applications will be accepted is July 30, 2021.
3. The application fee must be paid by credit card through the ABOG website at the time of application. The application fee is not refundable.
4. The applicant must supply an email address as part of the application process. It is the candidate's responsibility to notify ABOG of any change in this address as the approval (or not) to sit for the examination will be sent to the applicant at the email address provided.
5. During the application process, a completed Verification of Hospital Privileges Form will be required. This form must be printed from the candidate's ABOG Portal and must be signed and uploaded using the task on the candidate's ABOG Portal dashboard.
6. Following submission of the online application form, payment of the appropriate fee, and receipt of the Verification of Hospital Privileges Form, the candidate's application will be considered in accordance with the requirements in effect for that year.
7. If the candidate's application is approved, an email will be sent with instructions for submitting the case lists and thesis. The examination fee must be paid at this time. The case lists will not be accepted unless the examination fee is paid in full by credit card on the ABOG website by the deadline.
8. If full payment of the examination fee has not been received by September 30, 2021, for the 2022 examination, the candidate will not be scheduled, and no fees will be refunded.
9. Once all materials have been received by ABOG and the appropriate fees paid, the candidate will receive an Examination Date Notification posted on the candidate's ABOG Portal at least one month prior to the date of the examination. This form will indicate the date of the candidate's examination, the time and place to report, and hotel information.
10. Candidates may begin case list collection by logging in to their ABOG Portal and clicking on Case List Entry. The Case List Entry system will be available by February 1, 2021.
11. Each year ABOG notifies the American College of Obstetricians and Gynecologists (ACOG), the American Urogynecologic Society (AUGS), the American Board of Medical Specialties (ABMS), the American Medical Association (AMA) and the American Journal of Obstetrics and Gynecology of the names and addresses of the Diplomates who have been certified in the course of that year. ABOG also provides de-identified data to fellowship programs and to the ACGME about fellowship program pass rates to be used as a criterion to evaluate the effectiveness of program training. ABOG, AUGS, ACOG, AMA and ABMS, on request, also make this information available to the public, including, but not limited to, hospitals, agencies of government, insurers, and lay persons. ABOG may use the results of certification examinations for research purposes and may publish the results of the research.
12. As a condition for acceptance as a candidate for certification as a Diplomate in the FPMRS subspecialty, each candidate, at the time of the Certifying Examination, is required to sign an

irrevocable waiver authorizing the dissemination of the candidate's certification status without limitation or condition.

13. The Certifying Examination will be given April 4-7, 2022.

2022 Certifying Examination Deadlines and Fees

The following table lists the deadlines and fees for the Certifying Examination. Deadlines cannot be extended. Case lists, thesis and all fees must be submitted prior to midnight Central time on their due date. The system will prevent submission once the deadline has passed. If you fail to submit by the deadline, please email the Exam Department at Exams@abog.org.

Certifying Examination: Deadlines

May 3, 2021	Applications available online
July 30, 2021	No applications accepted after this date
September 2021	Candidates will be notified to submit case lists, thesis, and a photograph and to pay the examination fee
September 30, 2021	Last day for receipt of thesis, photograph, and examination fee
February 1, 2022	Last day for receipt of case lists
April 4-7, 2022	Certifying Exam

Certifying Examination: Application Fees

May 3, 2021 to July 6, 2021	\$1180
July 7, 2021 to July 19, 2021	\$1180 + \$310 late fee = \$1490
July 20, 2021 to July 30, 2021	\$1180 + \$780 late fee = \$1960

Certifying Examination: Examination Fees

September 30, 2021	\$1310
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Application Deadline and Fee

The final deadline to complete the online application and pay the applicable fee is July 30, 2021. Application fees are non-refundable.

Examination Deadline and Fee

If the candidate's application is accepted, a notice of acceptance will be emailed to the candidate in September 2021. The email will explain the process of submitting the thesis and case lists. The examination fee must be paid on or before September 30, 2021. If the candidate must withdraw from the examination due to a medical or other documented emergency, a portion of the examination fee may be refunded. The candidate may request to have the fees applied towards the Certifying Examination the following year. If there is a change in the fee, the candidate will be responsible for the difference.

Thesis Deadline

The final deadline for uploading a PDF copy of the thesis in the candidate's ABOG Portal is September 30, 2021. The file should be saved as a PDF with the following naming convention: ABOG ID #-last name-FPMRS-thesis. The 2022 Thesis Affidavit Form should be saved as a PDF with the following naming convention: ABOG ID #-last name-FPMRS-TA. Both items should be uploaded in the candidate's ABOG Portal under the assigned certification tasks. Candidates must submit a thesis that adheres to the requirements listed in [Appendix D](#).

Candidates who have previously submitted a thesis and were unsuccessful in passing the examination must upload a PDF copy of the thesis using the naming convention above. Candidates may submit a previously submitted thesis or another work that was completed during fellowship. However, thesis requirements change frequently. The thesis must fulfill the requirements for the year of the exam. Prior acceptance of a thesis does not assure re-acceptance. The thesis affidavit for a previously submitted thesis does not need to be resubmitted.

Case List Deadline

The final deadline for receipt of the case lists is February 1, 2022. Case lists must be submitted electronically using the forms available on each candidate's ABOG Portal. Candidates must submit the case lists in the proper format and include the appropriate number of cases.

2022 Certifying Examination Requirements

Each candidate must meet the following requirements:

1. **Must be a Diplomate** of ABOG and hold an Active Certificate in Obstetrics and Gynecology.
2. **Must have passed** the Female Pelvic Medicine and Reconstructive Surgery Qualifying Examination on their most recent attempt. The one exception to this rule is that candidates who will lose their certification eligibility in 2022 may apply for the Certifying Examination prior to the release of the Qualifying Examination results.
3. **Have successfully completed** 36 months of training in an ACGME-accredited Female Pelvic Medicine and Reconstructive Surgery fellowship program.
4. **Hold an unrestricted license to practice medicine** in all states or territories of the United States or Canada in which the candidate holds a medical license. Licenses that have been revoked, suspended or are on probation, or are subject to conditions of any type are considered to be restricted.

5. [Have full and unrestricted privileges to practice in FPMRS](#). While full, unrestricted privileges to perform all FPMRS procedures are preferred, at a minimum, these privileges must allow the candidate to perform an in-hospital consultation on patients who have been admitted. The latest date a candidate can have privileges in effect is June 18, 2021, which would include the allowed 24 weeks of leave time. If a candidate's privileges begin June 18, 2021, they cannot miss any additional time during the case collection period. If a candidate holds hospital privileges in more than one hospital, they can give up privileges voluntarily as long as they still hold unrestricted hospital privileges in another hospital. Privileges that are resigned or dropped in lieu of an investigation or adverse action are not considered to be given up voluntarily and must be reported. The candidate's privileges must remain in effect at the time of the Certifying Examination and may not be suspended or revoked, and the candidate must not be under investigation for patient care issues.
6. [Be of good moral and ethical character](#) and have shown appropriate professionalism in all interactions with patients, peers, and other medical personnel. A felony conviction, even if unrelated to the practice of medicine, will be considered evidence of failure to meet this standard.
7. [Have not resigned hospital privileges or membership in any medical organization](#) (e.g., ACOG) while under investigation. If the candidate is under investigation or on probation, the application will not be approved. The candidate must re-apply and pay a new application fee once the probation and/or restrictions have been resolved. However, resolution of these matters does not guarantee that the candidate's application will be approved.
8. [Have had an independent practice as a subspecialist](#) in FPMRS in a center or centers providing or having ready access to the essential diagnostic and therapeutic facilities for the practice of FPMRS, and to retain such practice until the date of the candidate's examination. During the year of practice from January 1 through December 31, 2021, no more than 24 weeks of leave is allowed for any reason (this includes medical leave, maternity leave, vacation, not starting practice by January 1, etc.) Educational conferences do not count toward the 24 weeks of leave. Practice may include locum tenens work.
9. [Submit electronic case lists](#) that document a practice that demonstrates sufficient depth and breadth of practice in the subspecialty of Female Pelvic Medicine and Reconstructive Surgery to permit the evaluation of the candidate's ability to function in the subspecialty. The case lists must be appropriately de-identified. (See [Appendix F](#).)
10. [Submit a thesis](#) that meets the minimal standards of the Division of Female Pelvic Medicine and Reconstructive Surgery. Each submitted thesis will be reviewed for acceptability. Prior publication in a peer-reviewed journal does not guarantee acceptance. (See [Appendix D](#) for information about thesis content.)
11. [Have not failed to disclose any adverse action](#). If a non-disclosed falsification or adverse action is identified by ABOG, it will result in a deferral of a candidate's eligibility to sit for the Certifying Examination for a period of at least 3 years. If the candidate is allowed to sit for the examination at the end of the deferral period, the candidate must meet all requirements in effect at that time.
12. [A candidate who practices outside of the United States, its territories or Canada](#), must submit, with the application, a letter(s) from a senior responsible officer in the hospital(s) where the

candidate practices, verifying the candidate's responsibility for independent, unsupervised care of patients.

Blueprint for the Certifying Examination

The content of the Certifying Examination will be based on the blueprint for Female Pelvic Medicine and Reconstructive Surgery. The major categories and subcategories are shown below including the percentages of the categories. For a full list of topic areas, see [Appendix E](#).

Urinary Incontinence and Lower Urinary Tract Symptoms: Frequency, Urgency, Nocturia, and Bladder Pain (18%)

- Diagnosis and Exam

- Counseling on Efficacy, Risks, and Benefits of Non-Surgical Treatments

- Non-Surgical Treatments

- Post-Procedural Management of Non-Surgical Treatments

- Counseling on Efficacy, Risks, and Benefits of Surgical Treatments

- Surgical Treatments

Lower Urinary Tract Injury (12%)

- Diagnosis of Bladder Injury

- Treatment of Bladder Injury

- Diagnosis of Ureteral Injury

- Treatment of Ureteral Injury

- Diagnosis of Urethral Injury

- Treatment of Urethral Injury

Pelvic Organ Prolapse (20%)

- Diagnosis and Exam

- Non-Surgical Treatments

- Counseling on Efficacy, Risks, and Benefits of Surgical Treatments

- Surgical Treatments

- Complications of Surgical Treatments

- Augmentation of Surgical Materials

Fecal Incontinence and Defecation Disorders (7%)

- Diagnosis and Exam

- Counseling on Efficacy, Risks, and Benefits of Non-Surgical Treatments

- Non-Surgical Treatments

- Post-Procedural Management of Non-Surgical Treatments

- Surgical Treatments

Congenital Anomalies of the Urogenital Tract (4%)

- Diagnosis and Exam

- Non-Surgical Treatments

- Counseling on Timing, Efficacy, Risks, and Benefits of Neovagina Surgical Procedures

- Neovagina Surgical Procedures

- Complications or Adverse Effects of Neovagina Surgical Procedures

Urethral Mass (6%)

- Diagnosis and Exam for Urethral Mass

- Counseling on Efficacy, Risks, and Benefits on Treatment Options for Urethral Mass

- Treatment Options for Urethral Mass

Urinary Tract Infection (UTI) and Hematuria (5%)

- Urinary Tract Infection (UTI)

- Hematuria

Application of Anatomy to Patient Care (8%)

General Perioperative Management (15%)

Core Competencies and Cross Content (5%)

- Ethics and Professionalism

- Patient Safety

- Interpersonal and Communication Skills

- Systems-based Practice

- Practice-based Learning and Improvement

- Evidence-based Medicine

In the Certifying Examination, evaluation of the candidate will include questions related to principles of biostatistics, clinical trial and/or basic science study design, and hypothetical cases. It will also include review of the submitted case lists, discussion of structured cases, and surgical techniques. It may include interpretation of operative, radiologic, and computer-generated images and videos, and simulations (radiology studies, urodynamics, intraoperative photographs, etc.) The candidate should demonstrate the capability of managing complex problems relating to Female Pelvic Medicine and Reconstructive Surgery. The candidate should have the scientific methodologic training to advance knowledge in this subspecialty and to be able to interpret and evaluate new concepts and their supporting data.

Administration of the Certifying Examination

Due to COVID-19, the 2022 Certifying Examination will be administered virtually. Additional details and requirements are outlined in the [Candidate Manual](#). The candidates for the examination will be informed of the time of the registration process when they receive information concerning their assigned examination date. All times provided in this information are in Central

Daylight Time (CDT). Candidates who are late for registration may not be allowed to sit for the examination. Each candidate will remain in an assigned Zoom room for the three hours of the examination and the 15-minute break between each hour, for a total exam time of three hours and thirty minutes. The candidate will be informed of the names of the six examiners who will conduct their examination. If the candidate believes that one or more examiners would be unable to provide them with a fair test, this will be discussed with an ABOG executive physician. If the decision is made that a conflict exists, an alternate examiner will be provided.

The Certifying Examination is three hours in length equally divided into the following areas:

- Structured Cases and Office Case List
- Structured Cases and Prolapse & Reconstructive Surgical Cases Case List
- Structured Cases and Urinary & Fecal Incontinence Surgical Cases Case List

Candidates may not take any electronic devices into the examination. This includes, but is not limited to, cellular phones and all devices that can record, including smart watches and similar devices. If a candidate is found to have an electronic device during the examination, the test will be halted immediately, and the candidate will receive no grade for the examination. In addition, all fees will be forfeit.

Candidates with documented disabilities should review [Appendix B](#), and notification of the need for special testing circumstances must be submitted in writing to ABOG by a candidate at the time of the application. This deadline is necessary in order to allow the Board to request the required documentation, to review the records and to verify the disability, if necessary.

All examinations will be conducted in English and will be administered by two examiners per section. Each examiner will grade the candidate on all the topics covered within each section. The final grade will be determined analytically following the examination and will be released no later than six weeks following the examination. Each candidate must bring an unmarked copy of each section of their case list to the examination. Candidates will not be allowed to access digital copies of the case list during the examination.

At the end of the examination, the candidates will complete the checkout process in their assigned Zoom room before being allowed to exit the exam.

Test Security

On the day of the Certifying Examination, each candidate must sign the following terms of agreement. If a candidate refuses to sign the agreement, they will not be allowed to take the Certifying Examination.

1. I agree and understand that all of the test materials used in ABOG examinations are copyrighted intellectual property of ABOG and will, at all times, remain confidential.
2. I agree and understand that I may not provide any information before, during, or after the examination concerning the content of the examination including, but not limited to, test items and cases, to anyone, for any reason, including, but not limited to, (i) anyone who is scheduled to take the examination or may be eligible to take the examination, (ii) any formal or informal test preparation group, service, or company, or (iii) any person representing a company or other entity that provides courses, practice tests, or other study material for the examination.

3. I agree and understand that I may not reproduce, transmit, publish, disclose, and/or distribute any examination materials by any means, including memorization, recording, internet, or other methods that would allow any other individual, company, or organization to recreate, in whole or in part, any test questions or material.
4. I agree and understand that during any ABOG examination, I will not have in my possession any notes, papers, study materials, formulas, pens, pencils, cellular telephones, photographic equipment, recording devices, or other similar contraband. I will not have any type of electronic device that could provide information that could be used to answer questions on the examination. I further agree that if I am discovered to have any such device in my possession during the examination, the test will be halted immediately, and I will not receive a grade for the examination.
5. I agree and understand that if anyone observes any action of mine that may be interpreted as violating or potentially violating test administration rules, the test will be halted immediately, and I will receive no grade for the examination.
6. I agree and understand that if I violate any part of this agreement, (i) my test results will be canceled, (ii) I may be subject to further sanctions and/or legal action, and (iii) I will not be allowed to re-apply for the examination for a minimum of three years.
7. I agree and understand that if ABOG discovers I have violated any terms or conditions of this agreement after I have been awarded Diplomate status, such status will be revoked.
8. I agree and understand that, if requested by ABOG, I will fully participate in the investigation of any suspected violation of the terms and conditions of this agreement by any candidate.
9. I attest that since the date of my application and to the day of my examination, I have had no (i) limitation or suspension of hospital privileges, (ii) substance abuse offenses, or (iii) suspension, revocation or restriction placed on my license to practice medicine in any state or country.
10. I agree and understand ABOG is authorized to make my name and business address available on request to the public including, but not limited to, hospitals, insurers, agencies of government, specialty societies, laypersons, my Program Director(s), and/or the Accreditation Council of Graduate Medical Education (ACGME).
11. I agree and understand that de-identified results of my examination may be used for research purposes by ABOG or other parties requesting the same.
12. I agree and understand that my results may be released to my Program Director(s) by name.
13. I agree and understand that, if I am certified as a Diplomate, ABOG is authorized to provide my professional personal identifiable information to other entities for a proper purpose. Some of these professional medical organizations include Obstetrics & Gynecology, The American Journal of Obstetrics and Gynecology, the American Board of Medical Specialties (ABMS), American College of Obstetricians and Gynecologists (ACOG), American Medical Association (AMA), American Society for Reproductive Medicine (ASRM), American Urogynecologic Society (AUGS), Society for Gynecologic Oncology (SGO), Society for Maternal-Fetal Medicine (SMFM), and the Society for Family Planning (SFP).
14. I agree and understand that I may not appeal the results of the examination based on the format of the examination, the sufficiency or accuracy of the answers to examination

questions, the scoring of the examination, or the cut score used to determine the passing grade for the examination.

15. I agree to indemnify, defend, and hold ABOG harmless against any losses, liabilities, damages, claims, and expenses (including attorneys' fees and court costs) arising out of any claims or suits, whatever their nature and however arising, in whole or in part, which may be brought or made against ABOG in connection with: (i) any claims which are caused, directly or indirectly by any negligent act, omission, illegal or willful misconduct by me; (ii) my misuse of a certification; or (iii) my use or misuse of ABOG's proprietary and/or confidential information.
16. Under no circumstances will ABOG be liable for any consequential, special, incidental, exemplary, or indirect damages arising from or relating to this agreement, even if ABOG has been advised of the possibility of such damages.
17. The failure to enforce or the waiver by ABOG of a default or breach of this agreement shall not be considered a waiver of any subsequent default or breach.
18. This agreement is governed by the laws of the State of Texas. The exclusive jurisdiction of any suit arising out of, relating to, or in any way connected with this agreement shall be in the state or federal courts, as applicable, located in Dallas, Texas.
19. Provisions that survive termination or expiration of this agreement include those pertaining to limitation of liability, indemnification, nondisclosure, and others that by their nature are intended to survive.

Applicants Ruled Not Admissible

If a decision is made by ABOG that a candidate has not met the requirements for admission to the Certifying Examination, the candidate may appeal the decision by writing to the ABOG Associate Executive Director of Examinations. Such appeals will be forwarded to the appropriate ABOG Committee for reconsideration. If the appeal is successful, no late fees will apply. If the successful decision occurs after the date of the Certifying Examination, the candidate will be scheduled for the next available Certifying Examination in the subspecialty and no additional application fee will apply. However, the examination fee must be paid before the deadline.

If the candidate's appeal is not successful, or the candidate does not appeal the inadmissibility decision, the candidate may reapply by submitting a new application, paying the application fee, and meeting the requirements applicable at the time of the re-application. Documentation that the cause for the initial disapproval has been cleared must be submitted with the application.

Re-Application

A candidate who fails the Certifying Examination must complete a new online application and pay a new application fee. Following notification of approval to retake the Certifying Examination, the candidate must submit new case lists, thesis and pay the examination fee on or before the established deadlines. Candidates may submit a previously submitted thesis or another work that was completed during fellowship.

Limitations

The duration of Active Candidate status is limited.

Beginning in calendar year 2020, all physicians who have completed an ACGME fellowship in Female Pelvic Medicine and Reconstructive Surgery must achieve ABOG subspecialty certification within 8 years of completion of their training. If certification is not achieved within 8 years, the physician will no longer be eligible to apply for either the Qualifying or Certifying Subspecialty Examination unless an additional 6 months of supervised practice is completed. Physicians who have completed subspecialty training in the calendar year 2014 must be subspecialty certified by 2022 or will be required to complete an additional 6 months of supervised practice before regaining eligibility to apply for certification. See policy on Regaining Eligibility for Subspecialty Certification found [here](#).

Case Lists

Case List Entry

All information for the case lists for the 2022 FPMRS Certifying Examination must be entered online. To enter a case, a candidate must access their ABOG Portal and click on Case List Entry. The Case List Entry system will become available to candidates by February 1. The entry process is simple, and common abbreviations are acceptable (see [Appendix G](#)). If a problem is encountered, there is a frequently asked questions (FAQ) button where most questions will be answered. However, if the problem is not resolved, the candidate should call the ABOG Exam Department or email Exams@abog.org.

The case list information can be entered through any device with an internet connection, including smartphones, laptops, tablets, and desktop computers.

Candidates will be asked to enter patient-identifying information in the Case List Entry System (i.e., Hospital, Patient Initial and Patient ID fields). This patient identification will only be used on the patient lists for verification by hospital medical records staff. The electronic copy of the case list that is submitted to ABOG will be electronically de-identified and will not contain the patient-identifying information. The case description fields in the Case List Entry System should not contain any patient identifying information.

Case List Submission

The candidate must submit their case list to ABOG electronically. The candidate must enter their cases and upload their case list affidavit(s) using the Case List Entry system located on their ABOG Portal.

All patients that are primarily cared for by the candidate in all hospitals and surgical centers between January 1 and December 31, 2021, must be listed. During the 12 months of case collection, no more than 24 weeks away from clinical practice is allowed.

Any case list that fails to provide the required information, includes an insufficient number of patients, is inadequately or incompletely prepared, is not appropriately de-identified, or fails to provide sufficient breadth and depth of clinical problems may disqualify the candidate from admission to the Certifying Examination. The candidate is personally responsible for the proper preparation, de-identified accuracy, and completeness of their case list.

The completeness and accuracy of all submitted case lists are subject to audit by ABOG. All audits will be conducted in accordance with the provisions of the HIPAA Privacy Rule. Permission to conduct on-site audits will be required of each candidate prior to final approval to take the Certifying Examination.

Falsification of information in the case list may result in ineligibility to apply for the Certifying Examination for a minimum of three years. The candidate must then meet all requirements in effect at the end of the deferred period. If the falsification is discovered after the candidate has successfully completed the Certifying Examination, the results of the test will be voided, and the candidate's certification will be revoked.

Case List Preparation

The candidate must:

1. Submit the case lists electronically by the published deadline.
2. Use the online Case List Entry that can be found on their ABOG Portal. The use of any other form or format is not allowed. A paper case list is not acceptable.
3. Collect cases between January 1 and December 31, 2021. If enough cases cannot be collected in a one-year period of time, the collection of cases can be extended to 18 months or 2 years. However, it may not include cases collected during fellowship.
4. Not include any case previously used on a prior case list for a Specialty or Subspecialty Certifying Examination.
5. Have the case lists certified by the appropriate personnel of the institution(s) in which the care was given.
6. De-identify the case lists in accordance with the requirements of Section 164.514(a)(b) and (b)(2)(i)&(ii) of the Final Privacy Rule. (See [Appendix F.](#))
7. Use standard English language nomenclature. The list of acceptable abbreviations can be found in [Appendix G.](#)
8. **List the patient only once.** If the patient is admitted more than once you should provide information regarding the additional admissions in the appropriate boxes.

For physicians who are in group practice where responsibility for patients is shared, the decision whether to list a particular patient should be based on which physician had primary responsibility for the inpatient care. However, when asked to perform a consult on an inpatient on another physician's service, that patient may be listed.

The case lists must include sufficient numbers as well as sufficient breadth and depth of clinical difficulty to demonstrate that the candidate is practicing the full spectrum of FPMRS.

All submitted case lists are subject to audit by ABOG to ensure completeness and accuracy.

Case List Content

Three types of cases must be submitted: (1) prolapse and reconstructive surgical cases, (2) urinary and fecal incontinence surgical cases, and (3) office practice cases. No patient may be listed more than once, and no patient may be included on more than one case list. Specifically, patients who are evaluated in the office and subsequently have surgery should only be listed on the surgical case list. Patients that are admitted multiple times or have multiple surgeries may only be listed once, but all complications and surgeries should be listed.

Surgical Case Lists

The Prolapse and Reconstructive Surgical Cases case list and the Urinary and Fecal Incontinence Surgical Cases case list must include ALL FPMRS surgical patients from ALL sites for which the candidate had primary responsibility during the case collection period. Each list MUST include a minimum of 25 FPMRS surgical cases. No patient can be listed more than once on the surgical case lists. Do not list any procedures that occurred in the office.

Prolapse and Reconstructive Surgical Cases

The list must contain a minimum of 25 prolapse and reconstructive surgical cases. Cases should be listed in the following categories:

1. Surgical Treatment of Prolapse – Apical Suspension – Vaginal
2. Surgical Treatment of Prolapse – Apical Suspension – Abdominal/laparoscopic/robotic
3. Surgical Treatment of Prolapse – Obliterative procedures
4. Surgical Treatment of Prolapse – Other Pelvic Organ Prolapse
5. Surgical Reconstructive Surgery
6. Other FPMRS Procedures – Any prolapse and reconstructive surgical procedure not listed elsewhere

Urinary and Fecal Incontinence Surgical Cases

The list must contain a minimum of 25 urinary and fecal incontinence surgical cases. Surgeries for urinary or bowel fistulas should be listed under “Other FPMRS Procedures” on the Urinary and Fecal Incontinence case list.

1. Surgical Treatment of Urinary Incontinence – Sling
2. Surgical Treatment of Urinary Incontinence – Other Urinary Incontinence
3. Surgical Treatment of Fecal Incontinence
4. Other FPMRS Procedures – Sacral Nerve Stimulator
5. Other FPMRS Procedures – Intravesical Injections (botulinum toxin)
6. Other FPMRS Procedures – Any urinary and fecal incontinence procedure not listed elsewhere

Office Practice Case List

A list of 40 patients (no more or fewer) who received non-surgical, office management must be submitted online. A patient may be listed only once. Do NOT include any patients who are on the surgical case lists. At least 1, but no more than 10 patients must be listed in each of the following 5 categories:

1. Pelvic Organ Prolapse
2. Urinary Incontinence
3. Urinary Tract Symptoms: Urgency, Frequency, Nocturia, Voiding Dysfunction, Urinary Retention, Sensory Disorders
4. Urinary Tract Disorders: Fistulae, Diverticula, Infections, Hematuria

5. Pelvic Floor Disorders: Defecation Disorders, Fecal Incontinence, Anorectal Disorders, Rectovaginal Fistulae, Sexual Dysfunction, Vaginal Pain

Certifying Examination Appeals

At the completion of the Certifying Examination, if a candidate believes the examination has not been conducted in a fair and unprejudiced manner, a second examination may be requested. The request must be made within 24 hours of the completion of the examination. To do so, a candidate must telephone the Board office (214-871-1619).

If the request is granted:

1. No final grade will be assigned, and all grades will be discarded;
2. A second examination will be provided approximately one year later at the next regularly scheduled annual FPMRS Certifying Examinations at no additional charge;
3. The candidate must prepare new case lists in accordance with the requirements listed in the *Bulletin* for the year in which the appeal test occurs;
4. The repeat examination will be conducted by a different team of examiners, who will not be informed that this examination is being conducted as a result of an appeal;
5. Neither the questions nor the candidate's answers on the first examination will be known to or taken into account by the second group of examiners; and,
6. The decision of the examiners conducting the second examination will be used by the Board to record the final results of the candidate's Certifying Examination.

Appeals based on the composition of the Certifying Examination team will not be considered if the candidate was informed before the start of the examination of the identity of each member of the team and did not object to the participation of any member in time for an acceptable substitute to be provided.

Appeals based on the content of the examination, the sufficiency or accuracy of the answers given, or the final grade will not be considered.

Results of the Examination

The results of the Certifying Examination will be reported online to each candidate no later than May 20, 2022.

As part of the application process the applicant will be required to irrevocably agree that the results of the applicant's examination may be made available to the Program Director(s) of any fellowship program(s) in which the applicant may have participated or in which the applicant is currently involved, and/or the American Council of Graduate Medical Education (ACGME) for any and all purposes. Furthermore, the applicant will be required to release and agree to indemnify and hold ABOG and its officers, directors, and employees harmless of and from any and all claims the applicant may have with regard to the effect or impact upon the applicant of the release of the applicant's examination results to the applicant's Program Director(s) or the ACGME and waive any rights the applicant may have, if any, to have the examination results maintained in confidence.

LENGTH OF CERTIFICATION

All certificates issued by ABOG after 2008 are time-limited. The certification of a Diplomate who successfully passes the Female Pelvic Medicine and Reconstructive Surgery Certifying Examination in April 2022 will expire on December 31, 2023, unless all of the 2023 MOC assignments have been successfully completed. Applications for the 2023 MOC process will be available online beginning in January 2023.

APPENDIX A: ABOG DIVISION OF FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY

Matthew Barber, MD, Division Chair	Duke University School of Medicine
Catherine Bradley, MD, MSCE	Carver College of Medicine at University of Iowa
William Thomas Gregory, MD	Oregon Health and Science University School of Medicine
Felicia Lane, MD	University of California, Irvine, School of Medicine
Lieschen Quiroz, MD	University of Oklahoma College of Medicine
Paul Tulikangas, MD	University of Connecticut School of Medicine

APPENDIX B: CANDIDATE DISABILITY

The American Board of Obstetrics & Gynecology, Inc. (ABOG) provides reasonable accommodations in accordance with The Americans with Disabilities Act (ADA) as amended by the ADA Amendments Act of 2013 (ADAAA) (collectively the ADA) and, therefore, will provide or allow the use of necessary auxiliary aids, services, or testing conditions that do not fundamentally alter the measurement of the skills or knowledge the Board assessment program and examination is intended to test. Candidates must indicate through the examination application if special testing accommodations under the ADA are needed.

The ADA defines a person with a disability as someone with a physical or mental impairment that substantially limits one or more major life activities such as walking, standing, seeing, hearing, eating, sleeping, speaking, breathing, learning, reading, concentrating, thinking, communicating, or working.

The purpose of accommodations is to provide equal access to ABOG examinations for all individuals. Accommodations offset the identified functional limitation so that the impact of impairment is minimized by means of an auxiliary aid or an adjustment to the testing procedure. Functional limitation refers to the aspects of a disability that interfere with an individual's ability to function in some capacity on a regular and continuing basis.

Accommodations for the Qualifying and Certifying Examination will only be considered with appropriate documentation. ABOG shall not exclude any candidate from the Qualifying or Certifying Examination solely because of a disability if ABOG is provided with notice of the disability in time to permit ABOG to make such adjustments in the examination as are reasonably necessary to accommodate the disability.

Qualifying Examination

For the Qualifying Examination, the candidate must provide sufficient documentation no later than the close of the application period to permit ABOG to verify the existence, nature, and extent of the disability. The documentation must specify the requirements or accommodations determined to be necessary to overcome or compensate for the disability. In addition, the candidate must supply any additional information ABOG may subsequently request in a timely manner.

If any of the requirements or accommodations cannot reasonably be provided, ABOG will notify the candidate and will indicate those alternative accommodations which ABOG determines to be appropriate in consideration of the disability claimed and documented, and the integrity of the examination. If the candidate fails to notify ABOG of a disability during the application period and fails to achieve a passing grade, that candidate may not appeal the results of the examination but shall be entitled to sit for the next regularly scheduled examination but must pay a new application and examination fee.

If a candidate claims that their examination results were adversely affected by illness, injury, or other temporary physical impairment at the time of the examination, that candidate may not appeal the results of the examination. However, if the candidate provides sufficient evidence of such illness, injury, or impairment, they shall be entitled to sit for the next regularly scheduled examination but must pay a new application and examination fee.

Certifying Examination

For the Certifying Examination, notification of the need for special testing circumstances must be submitted in writing to ABOG by a candidate at the time of application. This deadline is necessary in order to allow ABOG time to request the required documentation, to review the records and to verify the disability, if necessary.

The purpose of documentation is to validate that an applicant for test accommodations is a disabled individual as defined by the ADA and to provide guidance in determining effective accommodations. Comprehensive information by a qualified professional is necessary to allow ABOG to understand the nature and extent of the applicant's disability and the resulting functional impairment that limits access to its examinations. It is essential that an applicant's documentation provides a clear explanation of the functional impairment and a rationale for the requested accommodation.

No candidate shall be offered an accommodation that would compromise the ABOG examination's ability to test accurately the skills and knowledge it purports to measure, and no auxiliary aid or service will be provided which will fundamentally alter the examination or will result in an undue burden to ABOG.

APPENDIX C: LACTATION ACCOMMODATIONS

Qualifying Examination

Candidates who are lactating may request a 30-minute break and extension of their examination if they notify the ABOG office no later than December 17, 2021, and schedule at a Pearson VUE Testing Center by the same date. Most Pearson VUE Testing Centers have only one room available for breast pumping, so candidates are encouraged to make their reservations as soon as they receive approval for the test as these rooms will be assigned on a first-come, first-served basis. If a candidate requests extra time for lactation, they must schedule their testing site through the Pearson VUE accommodations department after contacting ABOG. If no seat is available at the closest center, and they have requested extra time, they will have to travel to an available location to sit for the examination. As Pearson VUE testing centers have limited lactation facilities, ABOG cannot guarantee that the candidate will be able to schedule at their preferred testing center.

Certifying Examination

Candidates who are lactating will be given an opportunity to use a pump prior to their examination. Please notify the ABOG office as soon as you know you will need the lactation time. Candidates will be given time to lactate between registration and the start of the examination. If a candidate has failed to request a lactation accommodation, but needs to lactate prior to starting their examination, they should inform the proctor as soon as the registration process begins. The proctor will inform ABOG, and the candidate will be given time to lactate as soon as the registration is complete.

APPENDIX D: THESIS

A thesis is required by all subspecialties and must be submitted by the date listed in the bulletin and according to the guidelines for preparation listed below. The Division will review the thesis and decide concerning acceptability. Prior publication of a thesis by a refereed journal does not guarantee acceptance of the thesis for the Certifying Examination. It is not necessary for the thesis to have been published.

A copy of the completed 2022 Thesis Affidavit Form in PDF format must be uploaded on the candidate's ABOG Portal. Please see the [Thesis Deadline](#) section for further submission instructions.

Preparation Instructions

1. **Format:** The format of the thesis must comply by the instructions for authors for a major peer-reviewed journal in a field related to the subspecialty except as noted below. The name of the journal must be identified on the cover page of the manuscript. Theses that are not in the proper journal format will not be accepted.

The cover page of the thesis should only show the:

- a. thesis title,
- b. name of the candidate,
- c. hypothesis (or purpose for research not testing a hypothesis), and
- d. name of the journal format.

The thesis must be type-written in double-spaced 12-point type and include page numbers and line numbers.

Electronic copies or reprints of published manuscripts are not acceptable.

Some journals require a "Summary" in addition to the "Discussion" section.

2. **Hypothesis or Purpose:** The thesis must clearly state the hypothesis to be tested in the form of a simple declarative sentence. The hypothesis must be included on the cover page and in the body of the paper, not just in the Abstract.

Whenever possible, the hypothesis should include a statement such as, "Our hypothesis is that XXX is significantly different from YYY." It may be useful to follow PICOT criteria (population, intervention [for intervention studies], comparison group, outcome of interest, and time) in composing the hypothesis. Conversely, the null hypothesis may be stated.

If the research does not involve hypothesis testing, the thesis must clearly state a purpose in the form of a simple declarative sentence. The purpose statement should convey the goal or overall aim of inquiry. The purpose must be included on the cover page and in the body of document, not just in the Abstract.

3. **De-Identification and Authorship:** The candidate must remove all wording in all areas of the thesis that would allow an examiner to be able to identify the institution where the study was performed and any co-authors.

The cover page should only list the title of the thesis, the candidate's name (without any co-authors), the hypothesis or purpose, and the name of the journal format.

Acknowledgements are not allowed.

4. Subject matter: The subject matter must clearly relate to the area of the subspecialty and be important to the field.
5. Research: The thesis must be based on clinical or laboratory research performed during the fellowship period. A review of work performed by others is not acceptable.
6. IRB Approval: All research involving humans and animals must be reviewed and approved by the human or animal institutional review boards (IRBs) of the sponsoring institution. If the research is exempt from IRB approval, a statement from the IRB to that effect must be included with the thesis.
7. Unacceptable Papers: The following are not acceptable for a fellow's thesis:
 - a. Book chapters
 - b. Case reports
 - c. Case series
8. Potentially Acceptable Theses: Any thesis submitted must be the product of a significantly thoughtful and robust research effort and will be reviewed by the subspecialty division for acceptability. Reports of the results of treatment of patients from a practice or department are not acceptable as these are considered to be a case series.

The research must be important to the field of the subspecialty. The following types of research conducted during a fellowship may qualify as an acceptable thesis for examination for certification:

- a. Laboratory, Translational, and Animal research.
- b. Randomized Controlled Trial: The study must adhere to the CONSORT standards.
- c. Meta-Analysis and Systematic Review: The report must adhere to the PRISMA or MOOSE guidelines.
- d. Cost-Effective Analysis: The report must conform to the recommendations of the Second Panel on Cost-Effectiveness in Health and Medicine for reporting CEA results.
- e. Case-Control Study: The study must conform to the STROBE guidelines for observational studies
- f. Cohort Study: The research may involve primary or secondary data analyses. The study must conform to the STROBE guidelines for observational studies.
- g. Survey Research: The candidate must have developed the questionnaire or used a previously validated questionnaire, and there should be a 50% return and completion of the questionnaire. The thesis must conform to the STROBE guidelines for observational studies or the CHERRIEs guidelines for Web-based surveys.
- h. Epidemiology Research: The study must conform to the STROBE guidelines for Epidemiological Studies.
- i. Mechanistic Trials: The study must meet the NIH definition for a clinical trial.
- j. Modeling and Simulation-based Research: A prediction model thesis must follow the TRIPOD statement. An SBR thesis must adhere to the SBR extensions to the CONSORT and STROBE statements.
- k. Quality Improvement: The thesis must adhere to the SQUIRE 2.0 guidelines.

- I. Qualitative Research: The thesis must adhere to the COREQ or SRQR guidelines.
- m. Artificial Intelligence and Machine Learning Research: The thesis must adhere to the SPIRIT-AI Extension or the CONSORT-AI Extension statements.
- n. Implementation Science: The thesis must conform to the StaRI guidelines.

Thesis Defense

No candidate will defend their thesis during the 2022 Certifying Examination. Candidates will answer questions on evidence-based medicine and statistics as part of their examination.

APPENDIX E: FPMRS QUALIFYING AND CERTIFYING EXAMINATION TOPICS

Urinary Incontinence and Lower Urinary Tract Symptoms: Frequency, Urgency, Nocturia, and Bladder Pain

1. Diagnosis and Exam
 - a. Diagnose and differentiate types of lower urinary tract dysfunction
 - b. Perform comprehensive history and physical exam (e.g., POP-Q; myofascial pelvic exam; pelvic muscle tone, strength, and coordination; pelvic muscle spasm and trigger points)
 - c. Select, perform, and interpret results of initial diagnostic testing (e.g., pad test; post-void residual; urinalysis, culture & sensitivities; cough stress test)
 - d. Perform and interpret results of advanced diagnostic testing (e.g., urodynamics, cystoscopy)
 - e. Obtain and interpret results of voiding diary tests
 - f. Obtain and utilize results of sleep study tests
 - g. Perform interventions to address lower urinary tract dysfunction
 - h. Counsel patients on lower urinary tract dysfunction pathophysiology and diagnostic testing
2. Counseling on Efficacy, Risks, and Benefits of Non-Surgical Treatments
 - a. Pelvic floor physical therapy
 - b. Pharmacologic therapy
 - c. Urethral bulking
 - d. Onabotulinum toxin A injection
 - e. Neuromodulation (Posterior Tibial Nerve Stimulation, PTNS)
 - f. Pessaries
3. Non-Surgical Treatments
 - a. Urethral bulking
 - b. Onabotulinum toxin A injection
 - c. Neuromodulation (Posterior Tibial Nerve Stimulation, PTNS)
 - d. Pessaries
4. Post-Procedural Management of Non-Surgical Treatments
 - a. Monitor therapeutic effects and adjust treatment
 - b. Manage complications or side effects of non-surgical treatment
5. Counseling on Efficacy, Risks, and Benefits of Surgical Treatments
 - a. Retropubic suspension

- b. Midurethral sling
 - c. Autologous fascial sling
 - d. Neuromodulation (Sacral Neurostimulation)
6. Surgical Treatments
- a. Retropubic suspension
 - b. Midurethral sling
 - c. Autologous fascial sling
 - d. Neuromodulation (Sacral Neurostimulation)
 - e. Manage complications of surgical treatment

Lower Urinary Tract Injury

1. Diagnosis of Bladder Injury
 - a. Cystoscopy
 - b. CT urogram
 - c. Retrograde pyelogram
 - d. Voiding cystourethrogram
 - e. Evaluate for complex fistula
2. Treatment of Bladder Injury
 - a. Cystotomy repair
 - b. Vesicovaginal fistula repair (vaginal)
 - c. Vesicovaginal fistula repair (minimally invasive)
 - d. Vesicovaginal fistula repair (abdominal)
 - e. Treatment of uterovaginal fistula repair
 - f. Treatment of colovesical fistula
 - g. Interpositional graft
3. Diagnosis of Ureteral Injury
 - a. Cystoscopy
 - b. CT urogram
 - c. Retrograde pyelogram
 - d. Ureterolysis
 - e. Ureteral catheter / stent
4. Treatment of Ureteral Injury
 - a. Stent
 - b. Ureteroneocystostomy

- c. Ureteroureterostomy
 - d. Percutaneous nephrostomy tube
 - e. Boari flap
 - f. Psoas hitch
 - g. Interpositional graft
5. Diagnosis of Urethral Injury
 - a. Cystoscopy
 - b. Voiding cystourethrogram
 6. Treatment of Urethral Injury
 - a. Urethrovaginal fistula repair
 - b. Martius flap

Pelvic Organ Prolapse

1. Diagnosis and Exam
 - a. Diagnose and differentiate types of pelvic organ prolapse
 - b. Perform and interpret results of post-void residual tests
 - c. Perform and interpret results of urinalysis, culture, and sensitivities tests
 - d. Counsel patients on pathophysiology and indications and results of additional testing
2. Non-Surgical Treatments
 - a. Counsel patients regarding efficacy, risks, and benefits of pelvic floor physical therapy
 - b. Counsel patients regarding efficacy, risks, and benefits of pessaries
 - c. Perform pessary fitting
 - d. Counsel patient on management of pessary care
 - e. Manage complications or side effects of non-surgical treatment
3. Counseling on Efficacy, Risks, and Benefits of Surgical Treatments
 - a. Vaginal hysterectomy
 - b. Minimally invasive (Laparoscopic) hysterectomy
 - c. Abdominal hysterectomy
 - d. Anterior compartment native tissue repairs
 - e. Posterior compartment native tissue repairs
 - f. Vaginal mesh and graft augmented repairs
 - g. Open abdominal sacrocolpopexy
 - h. Minimally invasive (Laparoscopic) sacrocolpopexy
 - i. Vaginal native tissue apical suspensions

- j. Minimally invasive (Laparoscopic) native tissue apical suspensions
 - k. Hysteropexy
 - l. Rectopexy
 - m. Obliterative procedures
4. Surgical Treatments
- a. Vaginal hysterectomy
 - b. Minimally invasive (Laparoscopic) hysterectomy
 - c. Abdominal hysterectomy
 - d. Anterior compartment native tissue repairs
 - e. Posterior compartment native tissue repairs
 - f. Vaginal mesh or graft augmented repairs
 - g. Open abdominal sacrocolpopexy
 - h. Minimally invasive (Laparoscopic) sacrocolpopexy
 - i. Vaginal native tissue apical suspensions
 - j. Minimally invasive (Laparoscopic) native tissue apical suspensions
 - k. Hysteropexy
 - l. Rectopexy
 - m. Obliterative procedures
5. Complications of Surgical Treatments
6. Augmentation of Surgical Materials
- a. Counsel patients regarding different types of mesh and graft materials (e.g., allograft, autograft, xenograft, synthetic)
 - b. Identify and manage complications of mesh and graft materials
 - c. Counsel patients regarding alternatives, risks, benefits, and complications associated with mesh and graft materials

Fecal Incontinence and Defecation Disorders

1. Diagnosis and Exam
- a. Diagnose and differentiate types of fecal incontinence and defecation disorders
 - b. Perform and interpret results of endoanal ultrasound tests
 - c. Perform and interpret results of pelvic floor ultrasound tests
 - d. Perform and interpret results of anorectal manometry tests
 - e. Obtain and interpret results of defecography tests
 - f. Obtain and utilize results of colonoscopy tests

- g. Obtain and interpret results of motility studies
 - h. Obtain and interpret results of fistulogram tests
 - i. Obtain and interpret results of CT tests
 - j. Counsel patients on pathophysiology and diagnostic testing of fecal incontinence and defecation disorders
2. Counseling on Efficacy, Risks, and Benefits of Non-Surgical Treatments
 - a. Pelvic floor physical therapy
 - b. Pharmacologic therapy
 - c. Bulking
 - d. Neuromodulation (Posterior Tibial Nerve Stimulation, PTNS)
 - e. Pessaries
 3. Non-Surgical Treatments
 - a. Bulking
 - b. Neuromodulation (Posterior Tibial Nerve Stimulation, PTNS)
 - c. Pessary fitting and placement
 4. Post-Procedural Management of Non-Surgical Treatments
 - a. Monitor therapeutic effects and adjust treatment
 - b. Manage complications or side effects of non-surgical treatment
 5. Surgical Treatments
 - a. Counsel patients regarding efficacy, risks, and benefits of the surgical treatment: Neuromodulation (Sacral neurostimulation)
 - b. Counsel patients regarding efficacy, risks, and benefits of the surgical treatment: Rectovaginal fistula repair
 - c. Counsel patients regarding efficacy, risks, and benefits of the surgical treatment: Anal sphincteroplasty
 - d. Perform neuromodulation (Sacral neurostimulation)
 - e. Perform rectovaginal fistula repair
 - f. Perform anal sphincteroplasty
 - g. Manage complications or adverse effects of surgical treatment

Congenital Anomalies of the Urogenital Tract

1. Diagnosis and Exam
 - a. Diagnose and differentiate types of congenital anomalies
 - b. Obtain and interpret results of diagnostic testing (e.g., ultrasound, MRI, karyotype, hormone testing, hysteroscopy)

- c. Counsel patients on urogenital anomalies including pathophysiology and diagnostic testing
- 2. Non-Surgical Treatments
 - a. Counsel patients regarding timing, efficacy, risks, and benefits of non-surgical treatments (e.g., expectant management, vaginal dilation)
- 3. Counseling on Timing, Efficacy, Risks, and Benefits of Neovagina Surgical Procedures
 - a. McIndoe
 - b. Laparoscopic Vecchietti
 - c. Laparoscopic Davydov
 - d. Resection of septum
- 4. Neovagina Surgical Procedures
 - a. McIndoe
 - b. Laparoscopic Vecchietti
 - c. Laparoscopic Davydov
 - d. Resection of septum
- 5. Complications or Adverse Effects of Neovagina Surgical Procedures
 - a. Manage complications or adverse effects of neovagina surgical procedures

Urethral Mass

- 1. Diagnosis and Exam for Urethral Mass
 - a. Diagnose and differentiate types of urethral masses
 - b. Perform and interpret results of pelvic floor ultrasound
 - c. Perform and interpret results of cystoscopy diagnostic testing
 - d. Obtain and interpret MRI results
 - e. Counsel patients on urethral mass pathophysiology and diagnostic testing
 - f. Manage complications or adverse effects of treatment
- 2. Counseling on Efficacy, Risks, and Benefits on Treatment Options for Urethral Mass
 - a. Observation
 - b. Drainage
 - c. Excision
 - d. Urethral reconstruction
 - e. Concomitant anti-incontinence procedure
- 3. Treatment Options for Urethral Mass
 - a. Observation

- b. Drainage
- c. Excision
- d. Urethral reconstruction
- e. Concomitant anti-incontinence procedure

Urinary Tract Infection (UTI) and Hematuria

1. Urinary Tract Infection (UTI)
 - a. Evaluate and diagnose UTIs
 - b. Manage acute, chronic, and complicated UTIs
 - c. Diagnose and treat urogenital atrophy
2. Hematuria
 - a. Obtain and interpret results of initial diagnostic testing (e.g., post-void residual; urinalysis, culture & sensitivities; cystoscopy and biopsy)
 - b. Obtain and interpret results of advanced diagnostic testing (e.g., CT urogram/IVP, urine cytology, renal ultrasound)
 - c. Counsel patients on hematuria pathophysiology and diagnostic testing

Application of Anatomy to Patient Care

- a. Describe and apply knowledge of anatomy to safely perform surgery and avoid complications (e.g., vascular and nerve supply, bladder, urethra, anatomic supports, ureter, anal sphincter, rectum, small bowel, large bowel)
- b. Describe and apply knowledge of central and peripheral nervous system anatomy as it applies to the etiology and treatment of pelvic floor disorders (urinary tract dysfunction, fecal incontinence)

General Perioperative Management

- a. Identify and perform preoperative testing depending on patient comorbidities (e.g., immunosuppression, diabetes, cardiovascular disease)
- b. Identify and perform preoperative testing depending on patient population (e.g., geriatric)
- c. Manage perioperative anticoagulation (e.g., prevention of VTE, chronic anticoagulation)
- d. Position patient to decrease adverse outcomes
- e. Utilize intraoperative techniques to minimize vascular, visceral, and urinary tract injuries
- f. Manage intraoperative injuries (e.g., vascular, bowel, urinary tract, and nerve)
- g. Manage postoperative medical and surgical complications
- h. Manage prolonged urinary catheterization

Core Competencies and Cross Content

1. Ethics and Professionalism
 - a. Systematically engage in practice review to identify health disparities
 - b. When engaged in shared clinical decision making, incorporate patient, family, and cultural considerations in making treatment recommendations
 - c. When providing care for patients, consider psychological, sexual, and social implications of various treatment options
2. Patient Safety
 - a. Systematically analyze the practice for safety improvements (e.g., root cause analysis)
 - b. Systematically engage in practice reviews for safety improvements (e.g., root cause analysis)
 - c. Incorporate the standard use of procedural briefings, “time outs”, and debriefings in clinical practice
 - d. Participate in the review of sentinel events, reportable events, and near misses
 - e. Implement universal protocols (e.g., bundles, checklists) to help ensure patient safety
3. Interpersonal and Communication Skills
 - a. Communicate to patient and family regarding adverse outcomes and medical errors
 - b. Demonstrate sensitivity and responsiveness when communicating with a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation
 - c. Provide comprehensive information when referring patients to other professionals
4. Systems-based Practice
 - a. Incorporate considerations of cost awareness and risk-benefit analysis in patient care
 - b. Provide care with multidisciplinary teams to promote patient safety and optimize patient outcomes
5. Practice-based Learning and Improvement
 - a. Design or participate in practice or hospital quality improvement activities
6. Evidence-based Medicine
 - a. Incorporate evidence-based practices and national guidelines to improve practice patterns and outcomes
 - b. Implement evidence-based protocols to enhance recovery after surgery (ERAS)

APPENDIX F: DE-IDENTIFICATION OF CASE LISTS

Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Secretary of the DHHS issued a Final Privacy Rule (HIPAA Privacy Rule) governing the terms and conditions by which health care providers can make available individually identifiable health information. The HIPAA Privacy Rule permits the release of patient information if the information does not permit the patient to be individually identified. Therefore, candidates must exclude from the case lists submitted to the Board such information as could permit the identification of an individual patient.

The HIPAA Privacy Rule specifically enumerates the categories of information which must be removed from patient case lists in order for such case lists to be de-identified and thereby become available for submission to the Board.

Section 164.514(b) provides that a physician/candidate may determine that health information is not individually identifiable health information only if the following identifiers are removed:

1. Names
2. Geographic subdivisions smaller than a state
3. Date of birth, admission date, discharge date, date of death; and all ages over 89 except that such ages and elements may be aggregated into a single category of age 90 or older
4. Telephone numbers, fax numbers, email addresses, social security numbers, medical record numbers, health plan beneficiary numbers, account numbers, certificate and/or license numbers
5. Biometric identifiers, including finger and voice prints
6. Full face photographic images and any comparable images
7. Any other unique identifying number, characteristic, or codes

The submission of any patient information in the case description fields of the Case Lists is strictly prohibited and can result in disapproval for the Certifying Examination. The de-identification of patient case lists does not allow the omission of any cases involving patients under the candidate's care which are otherwise required to be reported. Any effort to use the HIPAA rule to avoid listing patients will disqualify the candidate from the examination and additional disciplinary action as appropriate. The completeness of the candidate's case lists is subject to audit by the Board.

APPENDIX G: APPROVED ABBREVIATIONS

AB	Abortion
AIDS	Acquired immunodeficiency syndrome
AMA	Advanced maternal age
A&P	Anterior and posterior colporrhaphy repair
AMH	Antimullerian hormone
AROM	Artificial rupture of membranes
ASCUS	Atypical cells of undetermined significance
BSO	Bilateral salpingo-oophorectomy
BTL	Bilateral tubal ligation
BMI	Body mass index
cm	Centimeter
CIN	Cervical intraepithelial neoplasia
CD	Cesarean delivery
CHTN	Chronic hypertension
CBC	Complete blood count
CT	Computerized tomography
DVT	Deep vein thrombosis
DHEAS	Dehydroepiandrosterone sulfate
DM	Diabetes mellitus
D&C	Dilatation and curettage
D&E	Dilatation and evacuation
DEXA	Dual-energy x-ray absorptiometry
EKG/ECG	Electrocardiogram
ECC	Endocervical curettage
EBL	Estimated blood loss
EFW	Estimated fetal weight
EGA	Estimated gestational age
E2	Estradiol
FGR	Fetal growth restriction
FHR	Fetal heart rate
FSH	Follicle-stimulating hormone
GDM	Gestational diabetes mellitus

GH	Gestational hypertension
GBS	Group B strep
gm	Gram
Hgb	Hemoglobin
HbA1c	Hemoglobin A1c
HSV	Herpes simplex virus
HRT	Hormone replacement therapy
HCG	Human chorionic gonadotropin
HIV	Human immunodeficiency virus
HPV	Human papillomavirus
HTN	Hypertension
HSG	Hysterosalpingogram
IM	Intramuscular
IUD	Intrauterine device
IUFD	Intrauterine fetal death
IUGR	Intrauterine growth restriction
IUP	Intrauterine pregnancy
IV	Intravenous
kg	Kilogram
LAVH	Laparoscopic-assisted vaginal hysterectomy
LGA	Large for gestational age
LMP	Last menstrual period
LFT	Liver function test
LEEP	Loop electrosurgical excision procedure
LH	Luteinizing hormone or laparoscopic hysterectomy
Mg	Magnesium sulfate
MRI	Magnetic resonance imaging
mL	Milliliter
MIS	Minimally invasive surgery
NST	Non-stress test
OA	Occiput Anterior – may be preceded by R (right) or L (left)
OP	Occiput Posterior
OT	Occiput Transverse

PAP	Papanicolaou smear
Plt	Platelet
PCOS	Polycystic ovarian syndrome
PP	Postpartum
PPH	Postpartum hemorrhage
PROM	Premature rupture of membranes
PTL	Preterm labor
PPROM	Preterm premature rupture of membranes
STD/STI	Sexually transmitted disease/infection
SGA	Small for gestational age
SAB	Spontaneous abortion
SROM	Spontaneous rupture of membranes
SVD	Spontaneous vaginal delivery
SUI	Stress urinary incontinence
S/D (ratio)	Systolic/diastolic ratio
TSH	Thyroid-stimulating hormone
Toco	Tocodynamometer
TAH	Total abdominal hysterectomy
TLH	Total laparoscopic hysterectomy
TVH	Total vaginal hysterectomy
TOLAC	Trial of labor after cesarean
T1DM	Type I diabetes mellitus
T2DM	Type II diabetes mellitus
US	Ultrasonography
VBAC	Vaginal birth after cesarean delivery